

Check the box of the session you plan to attend.

Successful Implementation and Utilization of Cone Beam 3-D Imaging in Your Practice

(Raleigh, NC):

- September 16-17, 2010
- November 11-12, 2010

TRAINING WEBINARS

- i-CATVision™ for Implant Planning
September 7, 2010
7:00 – 8:00 pm EST
- i-CATVision™ for Orthodontics
October 5, 2010
7:00 – 8:00 pm EST
- Invivo for Beginners
October 13, 2010
7:00 – 8:00 pm EST
- Invivo for Implant Planning
October 14, 2010
7:00 – 8:00 pm EST
- Successful Reimbursement Strategies for CBCT
November 2, 2010
7:00 – 8:00 pm EST
- Successful Reimbursement Strategies for CBCT
November 2, 2010
7:00 – 8:00 pm EST

POWER PROGRAM PLUS

i-CATVision Power Program PLUS: featuring the i-CATVision™ Software Review PLUS a second half day of Interpretation & Anatomy Review

- Houston, TX
October 20-21, 2010
- Las Vegas, NV
October 22-23, 2010

Cost of this course is:
\$200/person for Day 1
\$250/person for Day 2
\$450/person for Day 1 and Day 2

QUESTIONS?

Please call (800) 205-3570 ext 3 or email info@imagingciences.com (Please print your name clearly. All information is required.)

First Name _____

Last Name _____

Specialty _____

Mailing Address _____

City _____ State/Province _____

Zip/Postal Code _____ Country _____

E-Mail Address _____

(We frequently send confirmations and important updates via e-mail.)

Phone _____ Fax _____

Type of 3-D system: i-CAT® Classic i-CAT® Next Generation GXCB-500™

REGISTRATION FEES

i-CATVision™ Software Power Program.....\$_____ /person

Promotional Code _____

Successful Implementation and Utilization of Cone Beam 3-D Imaging (Raleigh, NC).....\$1,500/person

On-line i-CATVision™ Tips & Tricks Webinars.....FREE

PAYMENT INFORMATION

To process your registration, your credit card number or check made payable to "Imaging Sciences International" must accompany your registration. Registration without full payment will not be processed.

METHOD OF PAYMENT

- Check enclosed (payable to "Imaging Sciences International")
- AMEX Visa MasterCard

Amount being charged to credit card: _____

Credit Card Number _____

Security Code _____ Expiration Date _____

Cardholder's Name (as it appears on card) _____

Cardholder's Signature _____

REGISTRATION FEE CANCELLATION/REFUND POLICY

All cancellations must be submitted in writing one full week prior to scheduled training session to receive a 50% refund of the Registration Fee. Cancellations received less than one full week prior to scheduled seminar are non-refundable, but transferrable to another member of the same practice. All refund requests will be processed post-training session.

Yes, I agree with Imaging Sciences International's Registration Fee Cancellation/Refund Policy.

Fax to: (267) 954-0399

Print out this form and mail or fax to:

Fax: (267) 954-0399

Mail: Imaging Sciences International
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Hatfield, PA 19440